Form No. 1. (1) PLACE OF BIRT STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health Township Registered No. (For use of Local Reistrar) Registration District No. Inc. Town of City If child is not yet named, make supplemental report as directed Full Name of Child PERMANENT RECORD. chilld, (6) Are ល់ (7) DATE OF Number in Are Parents Matried? BOY OR 36 Twin order of birth or Triplet? BIRTH (Name of Month) (Day) To be answered only in event of Twins or Triplets MOTHER. FATHER NAME BEFORE NAME BLANK PRESENT POSTOFFICE OF MOTHER AGE AT LAST SEPARATE OR RACE (18) BIRTH (19) OCCUP (13) OCCUPATION **B**se OR TRIPLETS Number of children of this mother (20) Number of children born to now living, including present birth mother, including present birth CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was on the date above stated. (23) (Signature) //. .... case of TWINS (24) State whether Physician or Midwife (25) Address of Physician or Midwife Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Registrar When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.